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DECLARATION FO	Attorney Dock	Cet Number	20066.79						
DESI	First Named I	· · · · · · · · · · · · · · · · · · ·	Dov MALONEK						
PATENT APP	PATENT APPLICATION			COMPLETE IF KNOWN					
(37 CFR	1.63)	Application Nu	ımber	/ to be assigned					
		Filing Date		to be assib	oned				
Declaration Submitted OR	Declaration Submitted after Initi	al Group Art Unit							
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Nan	ne						
As a below named inventor, I hereby declare that:									
My residence, post office add	dress, and citizenship are	as stated below next to r	ny name.						
I believe I am the original, firs	et and sole inventor lif only	one name is listed help	w) or an original	first and joint invent	or (if plurat				
names are listed below) of th									
MULTI-ELECTROD	E LEAD								
the analification of which									
the specification of which	(Title	of the Invention)							
is attached hereto OR									
was filed on (MM/DD/	YYYY)	as Un	ited States Applic	ation Number or PC	T International				
Application Number					(if analisable)				
Application Number		as amended on (MM/DD			(if applicable).				
I hereby state that I have reviewamended by any amendment	ewed and understand the o	contents of the above ide	entified specificati	on, including the cla	ims, as				
I acknowledge the duty to disc	•		e defined in 37 C	ED 1 56					
acknowledge the duty to disc	dose information which is t	material to patentability a	is defined in 37 C	FK 1.50.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy	y Attached?				
<u> </u>									
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s)	Filing Date	(MM/DD/YYYY)							
126905	11/0	05/1998	Additional provisional applica numbers are listed on a supplemental priority data sh						
			F 10/30/026 attached hereto.						

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.														
U.S. Parent Application or PCT Parent Number					Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)					
	PCT/IL99/00596					11/04/1999								
Additional	Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.													
As a named inv and Trademark	As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pater and Trademark Office connected therewith: Customer Number OR Registered practitioner(s) name/registration number listed below Label here								omer Code					
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Wi	lliam H	l. Dippert s Gable			24,750 26,723 22,479			Mark Montague				,012		
Additional	registered	f practitioner(s)	named c	n suppl	ementa	Register	d Prac	titioner Info	mation she	eet PTO/S	SB/02C	attached here	eto.	
	☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: ☐ Customer Number or Bar Code Label OR Correspondence address below													
Name	Name William H. Dippert													
Address		Cowan, Liebowitz & Latman, P.C.												
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City		1	Vew Y	ork_			s	tate	NY	ZIP		10036-6799		
Country		USA		Те	lephor	ne	(212)	790-92	200	Fax	(212) 575-0	0671	
believed to be punishable by	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of So	ole or F	irst Invento	r:					A petition	has been	filed for	this u	nsigned inve	ntor	
Given Name (first and middle [if any])				Family Name or Surname										
	Dov					Malonek				-				
Inventor's Signature										Date				
Residence: (ee: City Tivon State				Country Israel Citizenship IL				1L_					
Post Office A	ddress					Н	adga	niot Stre	eet 24					
Post Office A	ddress													
City		Tivon State ZIP				ip 36092 Country Isra			Isra	el				
Additional	invento	rs are being n	amed o	n the	1_su	pplemen	tal Add	ditional In	ventor(s)	sheet(s)	PTO/S	SB/02A attac	hed hereto	

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _1_

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])				Family Name or Surname					
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Inventor's Signature	37								
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Post Office Address				,					- Transport
City	Haifa	State		ZIP	34606	Country	,	Isra	ael
Name of Addition	f Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								
Given Na	ame (first and middle [if any]) Family Name or Surname								
	Judith Kornfeld								
Inventor's Signature	•						Date		
Residence: City	Haifa	State		Country	Israel		Citizen	ship	ΙL
Post Office Address	Ilanot Street 31/a								
Post Office Address									
City	Haifa	State	,	ZIP	34324	Count	try	Israel	
Name of Addition	nal Joint Inventor, if an	ıy:] A petitio	n has been filed	d for this	s unsign	ed inv	entor
Given Nar	ne (first and middle [if any]	1)			Family Nan	ne or S	umame		
Inventor's Signature							Dat	æ	
Residence: City	State Country					Citizenship			
Post Office Address			· -						
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City		State		ZIP		Co	ountry		

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